

WATER & SEWER DEPARTMENT

100 MAPLE AVE.
SHREWSBURY, MA 01545

NEW OWNER APPLICATION

DATE _____

The undersigned requests that the service designated below be transferred into his/her name, and hereby agrees to take and use Town Water subject at all times to the current Rates and Regulations established by the Board of Water Commissioners.

NEW OWNER _____

Location – Street and No. _____

Mailing Address _____

Town _____ State _____ Zip _____

Telephone _____ Date Property Transferred _____

Former Owner _____